



**CITY OF SOMERVILLE, MASSACHUSETTS
DEPARTMENT OF TRAFFIC AND PARKING**

**JOSEPH A. CURTATONE
MAYOR**

SUBJECT: City of Somerville - Residential Handicapped Parking Program

Dear Applicant:

Enclosed, please find the application for a handicapped parking space that you requested. Both pages must be completed in full and returned. In addition, you must submit the additional supporting documentation before this application can be considered by the Traffic Commission.

PLEASE READ CAREFULLY THE FOLLOWING CRITERIA THAT YOU MUST MEET REGARDING ELIGIBILITY.

The Residential Handicapped Parking Program was created as a convenience to drivers with disabilities who can document the need for a reserved space. Reserved spaces are not provided for vehicles involved in the picking-up and dropping-off of passengers with disabilities. Reserved spaces are only provided to those who reside in a home and routinely utilize their vehicle.

To be eligible, the applicant must be a disabled person, have a valid driver's license, and a vehicle registered in his or her name. In addition, the driver must have a Health Care Provider verify the applicant's disability and have a landlord verify that suitable off-street parking is not available (if applicable). The applicant's vehicle registration must be a handicapped registration unless a copy of the applicant's RMV issued handicapped placard is submitted. In some cases, the Traffic Commission may consider applications from relatives of disabled persons, such as the parents of disabled children or for children of severely disabled adults who require full time care. However, under these circumstances, the applicant must be a cohabitant of the disabled person. Verification of this fact will be required.

If a designated handicapped space is provided for your use, please be aware that the law provides that anyone with a handicapped plate or placard may use that space. It is not provided for your exclusive use. Rather, it is reserved for all disabled persons with appropriate plates or placards.

If you have read all of the above requirements and wish to apply for a reserved space, please complete the attached application and provide the required documentation. As a reminder, please be sure to include the following with your application:

1. A photocopy of your current valid registration.
2. A letter from the property owner verifying that suitable off-street parking is not available.
3. A completed Health Care Providers verification form.
4. A photocopy of the applicant's handicapped placard (if applicable).

Once all of the documentation is received, the area in the vicinity of the requested space will be reviewed by the Engineering Division of the Department of Traffic & Parking. The City Traffic Engineer will review the proposed location to ensure that the space will not cause undue hazard to the public or undue inconvenience to other residents. Upon completion of this review, the application will be considered by the Traffic Commission at its next regularly scheduled meeting.

The Traffic Commission has undertaken the Residential Handicapped Parking Program voluntarily and in the best interests of the citizens of Somerville. The Traffic Commission reserves the right to disapprove request for spaces that it feels are not in the best interests of the City and its citizens, such as spaces that will be used infrequently or will cause a hazard to the motoring or pedestrian public. All approvals must be renewed every two years and substantiating documentation of a continued need may be required at that time.

Should the reserved space no longer be needed, the regulations of the Traffic Commission require that the space be removed. This is for everyone's protection to ensure that this privilege is not abused. We request that you please notify the Department of Traffic & Parking within thirty days if there is any change in residency or eligibility status.

If you have any questions regarding this program, please do not hesitate to contact the Department of Traffic & Parking dial 311 (from within the City of Somerville) or 617-666-3311 (from outside the city). You may also contact the Commission for Persons with Disabilities at extension 3303. Either department may be contacted for TTY access at 1-866-808-4581.



CITY OF SOMERVILLE
TRAFFIC & PARKING DEPARTMENT

APPLICATION FOR HANDICAPPED RESIDENTIAL PARKING SPACE

Part A - To be completed by the Applicant or in the Applicant's name

Name: _____
Last Name, First Name, Middle Initial

Address: _____
House Number, Street Name, Zip Code

Telephone Numbers: Home: _____ Work: _____

Current Vehicle Registration Number: _____

Name and Full Address of Property Owner (if Same as Applicant, write "Same"):

- | | | |
|--|-------|------|
| 1. Does the property have a driveway? | YES__ | NO__ |
| 2. Number of vehicles driveway can hold: | _____ | |
| 3. Width of Driveway: | _____ | |
| 4. Are you a Tenant? | YES__ | NO__ |
| a. Is their off-street parking available to you? | YES__ | NO__ |
| b. If NO, is a letter from landlord attached? | YES__ | NO__ |
| 5. Does your disability impair your mobility? | YES__ | NO__ |
| a. Has a Doctor verified your disability? (See PART D) | YES__ | NO__ |

PART B - Other Documentation Required

Are the Following Required Documents Enclosed:

- | | | |
|---|-------|------|
| 1. Photocopy of current vehicle registration? | YES__ | NO__ |
| 2. Photocopy of HP Placard (if applicable)? | YES__ | NO__ |
| 3. Letter from property owner (if applicable)? | YES__ | NO__ |
| 4. Completed Health Care Providers Form (PART D)? | YES__ | NO__ |



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Part C – To be completed by Applicant

I certify under the pains and penalties of perjury that all the information provided in this application, including the representation of my medical status, condition, is true and correct to the best of my knowledge.
AUTHORIZATION TO RELEASE MEDICAL RECORDS – I hereby authorize the healthcare provider completing this form to discuss with and release any or all medical records pertaining to its content to the Traffic Commission and its representatives

Signature of Disabled Person

Date

Part D - To be completed by Applicant's Health Care Provider

TO HEALTH CARE PROVIDER: Approval for a residential handicapped parking space is based upon information provided by you. If your patient has an "invisible disability" or one that is not easily identified or verified based on visual observation, it is incumbent upon you to specify the degree, level, and/or severity of functional impairment in order for the Traffic Commission and the Disabilities Commission to make a fair evaluation of this application. Handicapped parking spaces are available for those with permanent disabilities only.

Name of Applicant: _____
Last Name, First Name, Middle Initial

Address: _____
House Number, Street Name, Zip Code

1. Is the Applicant mobility impaired? YES___ NO___
2. What is the ambulatory range of the Applicant (in feet):
 - a. Without rest? _____
 - b. With intermittent rest? _____
3. What is the prescribed ambulatory aide (i.e., cane, walker)? _____
4. Is there any permanent loss of limb or loss of use? YES___ NO___
5. Please describe the functional disability which makes a handicapped parking space essential:



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APPLICATION FOR RESIDENTIAL HANDICAPPED PARKING SPACE

CERTIFICATION:

Health Care Providers Last Name	First Name	Middle Name	Daytime Phone Number
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Health Care Providers Address	City	State	Zip
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I certify that I am a ___Medical Professional ___Chiropractor ___Registered Nurse ___Physician's Assistant ___Optometrist (legal blindness only) ___Podiatrist, and certify under the pains and penalties of perjury that the information I have provided is true and correct.

Health Care Providers Signature	License Number	Date
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